



# HALL COUNTY

## Alcoholic Beverage License Renewal Application

For License Year 2010 County License # \_\_\_\_\_ State  
License # \_\_\_\_\_

**NOTE: USE BLUE INK ONLY**

**DUE NOVEMBER 16, 2009**

**INSTRUCTIONS:** Fully **ANSWER ALL** questions (typewritten or printed only). If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. When completed original must be dated, signed and verified under oath by the applicant and filed with the Hall County Business License Department; together with all supporting papers and certified check, cashier's check, or cash for the exact fee. **Any applications received or postmarked after November 16, 2009 are automatically assessed a 10% penalty and 1% per month interest for each month or fraction thereof.** Incomplete applications will NOT be accepted.

- RENEWAL BEER PACKAGE: \$500.00       -- RENEWAL BEER CONSUMPTION: \$700.00  
 -- RENEWAL WINE PACKAGE: \$500.00       -- RENEWAL WINE CONSUMPTION: \$700.00  
 -- RENEWAL DISTILLED SPIRITS CONSUMPTION: \$2500.00

### BUSINESS INFORMATION

NAME \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mail Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Name of OWNER (S)

Name	Address	City/State/Zip	Title
_____	_____	_____	_____
_____	_____	_____	_____

**Is this business a CORPORATION? If so indicate name and address of corporation:**

### LICENSEHOLDER/MANAGING AGENT INFORMATION (No initials; **SPELL OUT ALL NAMES**)

Name \_\_\_\_\_  
Home Address \_\_\_\_\_ Co \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
COUNTRY of Citizenship \_\_\_\_\_ Alien # \_\_\_\_\_ Exp date \_\_\_\_\_  
Title with business (owner, manager, clerk, etc.) \_\_\_\_\_  
**E-mail address** \_\_\_\_\_

### REGISTERED AGENT INFORMATION (No initials; **SPELL OUT ALL NAMES**)

Name \_\_\_\_\_  
Home Address \_\_\_\_\_ Co \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
COUNTRY of Citizenship \_\_\_\_\_ Alien # \_\_\_\_\_ Exp date \_\_\_\_\_  
Title with business (owner, manager, clerk, agent etc.) \_\_\_\_\_  
**E-mail address** \_\_\_\_\_

What is the **CURRENT** straight line distance from this business or portion of this business used for the sale of alcoholic beverages to the nearest: (indicating more than 600 ft, more than 1000 ft., etc. will NOT BE ACCEPTABLE, and application will be returned)  
School \_\_\_\_\_ Church \_\_\_\_\_ Funeral Chapel \_\_\_\_\_

Has this place of business or anyone connected therewith been cited or charged at any time with any violation of state or federal law or regulation or any rule or regulation of the city or county within the past twelve (12) months?  
 Yes  No (If yes, give details on separate sheet.)

Has anyone (including employees) been convicted of driving/boating under the influence within the past five (5) years?  
 Yes  No (If yes, give details on separate sheet.)

List all other businesses engaged in the sale of alcoholic beverages that any of the persons, firms, or corporations herein listed are interested in, employed by, or associated with in any way whatsoever. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List full name, address and other pertinent information of the owner of the building, the name and address of the owner of the land, and the name and address of all lessors and sublessors. (If no change, indicate "ON FILE"  ; if changed, please attach a copy of lease or deed) \_\_\_\_\_  
\_\_\_\_\_

OATH: I/We do solemnly swear, subject to criminal penalties for false swearing, the statements and answers made to the foregoing questions in this application for a license as a dealer in alcoholic beverages are true and complete, and no false or fraudulent statement or answer is made herein to procure granting of a license, that any license issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false or fraudulent statement or answer herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application. **Should any change occur during the year for which a license is issued pursuant to this application which would require a different answer to any question contained in this application, such change MUST be reported as a written amendment to this application within five (5) days of the change. The failure to make such amendment shall be a cause for the suspension or revocation of any license issued.** I/We have received a copy of the local alcoholic beverage regulations and understand that this copy is to be kept on the licensed premises at all times.

Signature of Licenseholder/Managing Agent Under Oath \_\_\_\_\_  
Signature of Registered Agent Under Oath \_\_\_\_\_  
Signature of Owner if Not Applicant \_\_\_\_\_  
Doing Business As \_\_\_\_\_  
Title \_\_\_\_\_

Sworn to and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

SEAL

**DUE WITH PAYMENT BY NOVEMBER 16, 2009**

MAIL ADDRESS:

**HALL COUNTY BUSINESS LICENSE  
P O DRAWER 1435  
GAINESVILLE, GA 30503  
770.531.6815**

**USE BLUE INK ONLY**

Business Name \_\_\_\_\_

Complete the following information for the **Licenseholder/Managing Agent**:

**CONSENT FORM**

I hereby authorize the HALL COUNTY SHERIFF'S DEPARTMENT to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (Printed or Typed)

\_\_\_\_\_  
Address as shown on Driver's License

\_\_\_\_\_  
City State Zip

Sex \_\_\_\_\_ Race \_\_\_\_\_ DOB \_\_\_\_\_

Social Security No \_\_\_\_\_ DL No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Notary  
(SEAL)

\_\_\_\_\_  
Date

**USE BLUE INK ONLY**

**OFFICE USE ONLY**

I have completed both a local and a State of Georgia computer based Criminal History Check on the above individual.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**REGISTERED AGENT CERTIFICATION**

NAME \_\_\_\_\_

(Full name, no initials)

Physical Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

E-mail address \_\_\_\_\_

COUNTRY of Citizenship \_\_\_\_\_ Alien Registration # \_\_\_\_\_ EXP \_\_\_\_\_

***ADDITIONAL CONTACT INFORMATION***

Place of employment \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Additional Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

I hereby certify that I am a permanent resident of Hall County, Georgia and agree to serve as a “registered agent” on behalf of

\_\_\_\_\_, located at  
Business Name

\_\_\_\_\_, Hall County,  
Business Address

Georgia until December 31, 2010. As registered agent, I agree to accept any process, notice or demand required or permitted by law or under the Alcoholic Beverage Codes of Hall County, Georgia, to be served upon the licensee or owner. I understand that such service upon me will serve as legal notice upon the licensee or owner and that it is my responsibility to forward such service to the owner or licensee.

If for any reason I am unable to serve as the “registered agent” on behalf of the above named business, I understand that it is my responsibility to contact the Business License Director in writing advising that I will no longer serve as the “registered agent” for the above named business.

\_\_\_\_\_  
Signature of Registered Agent

\_\_\_\_\_  
date

Sworn and subscribed before me this \_\_\_\_\_  
Day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

(SEAL)

**USE BLUE INK ONLY**

Business Name \_\_\_\_\_

Complete the following information for the **Registered Agent** ONLY if different from licenseholder/managing agent:

**CONSENT FORM**

I hereby authorize the HALL COUNTY SHERIFF'S DEPARTMENT to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (Printed or Typed)

\_\_\_\_\_  
Address as shown on Driver's License

\_\_\_\_\_  
City State Zip

Sex \_\_\_\_\_ Race \_\_\_\_\_ DOB \_\_\_\_\_

Social Security No \_\_\_\_\_ DL No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
(SEAL) Notary

\_\_\_\_\_  
Date

**USE BLUE INK ONLY**

**OFFICE USE ONLY**

I have completed both a local and a State of Georgia computer based Criminal History Check on the above individual.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date